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471-000-513 NEBRASKA MEDICAID RN/LPN FEE SCHEDULE

The following fee schedule is used to determine payment rates for services provided on or after July 1, 2006:

CODE	DESCRIPTION	MEDICAID ALLOWABLE		
LPN Services:		ALLOWABLE		
T1000 TE	Private duty/independent nursing service(s) - licensed, up to 15 minutes.	\$6.76 unit		
T1003	LPN/LVN services, up to 15 minutes.	\$3.36 unit		
RN Services:				
T1000 TD -	Private duty/independent nursing service(s) licensed, up to 15 minutes.	\$9.00 unit		
T1002	RN Services, up to 15 minutes.	\$4.49 unit		
In-Home Ventilator Ca				
T1022 TG	Contracted private duty nurse services For persons age 21 and older, all services Provided under contract, per day 21-24hours	\$687.21		
Skilled Nursing Cap	1 Tovided under contract, per day 21-24-nours			
	Per diem reimbursement for all other in-home Nursing services, shall not exceed the average Case-mix per diem for the Extensive Special Care 2	\$230.35		
Center-Based Day Care Services:				
S5105 TD	Day care services, center-based; services not included in program fee, per diem	\$11.13 day (RN service)		
S5105	Day care services, center-based; services not included in program fee, per diem	\$ 6.94 day		

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471-000-513 NEBRASKA MEDICAID RN/LPN FEE SCHEDULE

Contracted Medical Day Care Services:

For services provided under contract where the medical day care 'encounter' is defined as 'per hour' or 'full day' care:

CODE	DESCRIPTION	MEDICAID ALLOWABLE
T1024	Evaluation and treatment by an integrated specialty team contracted to provide Coordinated care to multiple and severely Handicapped children, per encounter.	\$23.80/unit
T1024 TG	Evaluation and treatment by an integrated specialty team contracted to provide Coordinated care to multiple and severely Handicapped children, per encounter.	\$27.04/unit (High Tech)

For services provided under contract where the medical day care 'encounter' is defined as '4 hours' of care:

CODE	DESCRIPTION	MEDICAID ALLOWABLE
T1024	Evaluation and treatment by an integrated specialty team contracted to provide Coordinated care to multiple and severely Handicapped children, per encounter.	\$81.59/encounter
T1024 TG	Evaluation and treatment by an integrated specialty team contracted to provide Coordinated care to multiple and severely Handicapped children, per encounter.	\$98.56/encounter (High Tech)